

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NY	70591	4/10
O.I.P.E. CLASSIFIER			4-10-00
FORMALITY REVIEW		45918	6-15-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	7/23/03
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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